



WATER WELL REPORT

FOR AN EXISTING WELL

RECEIVED
DEPARTMENT OF ECOLOGY

JUL 29 2010

WATER RESOURCES PROGRAM
NWRO

INSTRUCTIONS:

Use this form if an original water well report was NEVER filed or is MISSING from Ecology records.

YOUR WELL MUST BE PROPERLY TAGGED PRIOR TO SUBMITTING THIS FORM. Please fill in all blanks as completely as possible. If information is not known leave blank. After completing, mail the original form to: WA State Department of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

CURRENT USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input type="checkbox"/> Other _____		Unique Ecology Well ID Tag No. <u>BAA 978</u> Water Right? If yes, attach copy <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>62-0893PCWRIS</u>																	
DIMENSIONS: Diameter of well <u>6</u> inches. Depth of completed well <u>191</u> ft. if known.		Property Owner Name <u>Evergreen Valley View Water System</u>																	
CONSTRUCTION DETAILS Liner installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Type: <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Well Street Address <u>Cascade place</u> City <u>Oak Harbor</u> County: <u>Island</u> Tax Parcel No. <u>56595-00-00010-0</u>																	
Perforations <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft to _____ ft.		LOCATION An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office. Sec <u>31</u> Twp <u>34 N</u> R <u>2</u> EWM Circle one WWM																	
Screens: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Mfr's name _____ Type: <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other _____ Diam. _____ Slot Size _____ from _____ ft. to _____ ft.		<table border="1" style="width: 100%; text-align: center;"> <tr><td>D</td><td>C</td><td>B</td><td>A</td></tr> <tr><td>E</td><td>F</td><td>G</td><td>H</td></tr> <tr><td>M</td><td>L</td><td>K</td><td>J</td></tr> <tr><td>N</td><td>P</td><td>Q</td><td>R</td></tr> </table> <p>This square represents one section of land, which is approx. 640 acres. Within this section, circle the letter that best represents the location of the well within this section.</p>		D	C	B	A	E	F	G	H	M	L	K	J	N	P	Q	R
D	C			B	A														
E	F	G	H																
M	L	K	J																
N	P	Q	R																
Gravel/Filter Packed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Materials paced from _____ ft. to _____ ft.																			
Surface Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If know, to what depth _____ ft. Materials used if known: <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement																			
PUMP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mfr's Name _____ Type: <u>Submersible</u> H.P. _____																			
WATER LEVELS: Land-surface elevation above mean sea level <u>178</u> ft. Static Level <u>167</u> ft. below top of casing Date measured <u>5 Dec 2006</u> Artesian pressure _____ lbs. per square inch Date measured _____ Well head has cap? <input type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude/Longitude Note: Section, Township, Range still REQUIRED Lat Deg _____ Lat Min/Sec _____ Long Deg _____ Long Min/Sec _____ <input type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Computer Generated																	
WELL TESTS: Drawdown is amount water level is lowered below static level. Was a pump test made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <input type="checkbox"/> Unknown Yield: <u>12</u> gal./min. with _____ ft. drawdown after <u>1</u> hrs.		Additional Information, if available: <input checked="" type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)																	

CERTIFICATION: The information reported above is true to the best of my knowledge and belief.

☐ Driller ☐ Engineer ☐ Property Owner ☒ Other

Name Vin Sherman

Signature Vin Sherman

Driller License No. _____

Date Signed 22 July 2010

Drilling Company Island County Health Dept.

Address of person completing this form:
PO Box 5000

City, State, Zip Coupeville, WA 98239-5000

DO NOT USE AS A LEGAL DOCUMENT
ACCURACY NOT GUARANTEED



The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

WATER WELL REPORT

State of Washington

IC Site ID: 9XB

Unique Well ID

Start Card:

Water Right:

(1) OWNER: Name: EVERGREEN VALLEY VIEW WATER SYSTEM Address: 5071 Evergreen Street Oak Harbor WA, 98277

(2) LOCATION OF WELL: Island: Whidbey Township/Range-Section: 34N/02E-31J Parcel Number: S6595-00-00010-0

(2a) Well Address PWS-ID: 241708 Source: 1 PWS-Name: Evergreen Valley View Water System

(3) PROPOSED USE: Domestic

(4) TYPE OF WORK: Owner's Well Number (if more than one): 1
Method:

(5) DIMENSIONS: Diameter of Well: 6 inches.
Drilled: feet. Depth of Completed Well: 191 ft.

(6) CONSTRUCTION DETAILS:

Casing Installed: Diam. (in) from to (ft)

Screens: Type Zone Diam Slot from to (ft)

Surface seal:
Material: To depth: ft.

(7) PUMP: Type: Horsepower:

(8) WATER LEVELS: 0 Land-surface elevation (MSL): ft.
AvgWL Elevation: Calc'd Elev: 178 ft.
Earliest Level: ft. below toc Date:
Lastest Level: ft. below toc Date:
Average Level: ft. below toc Average Date:

(9) WELL TESTS:
Type Yield Drawdown After Date

(10) WELL LOG DESCRIPTION

Material

RECEIVED
DEPARTMENT OF ECOLOGY
From BGS From MSL Thick
JUL 29 2010
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NWRO

Work Completed: 1/1/1967 TD Elev: -13 ft. MSL

WELL CONSTRUCTOR CERTIFICATION:

Name: Unknown
Address:
Contractor's
Registration Number:

Remarks:

Location Source: North: 512302 Latitd: 48 23.44653
Parcel S6595-00-00010-0 East: 1571699 Longit: 122 35.84949
Max CL: 27.7 Generated by the Island County
Max NO3: 0.25 Hydrogeologic Database: 7/27/2010

Disclaimer: Data presented has been collected from a variety of sources.
Island County makes no guarantee as to the validity or accuracy of this data.
Please report any errors to the Island County Hydrogeologist